

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047194

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 42

Primary Registration District No. 3007

Registrar's No. 1986

VS 300
Rev. 4/59

0128

21030

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 13 1964

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 3Da	c. CITY OR TOWN Fisk
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hosp,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4M1 S, E, of Fisk
3. NAME OF DECEASED (Type or print) First Thomas Middle Edward Last Hyatt		4. DATE OF DEATH Month 12 Day 29 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-20-1873
9. AGE (last birthday) 90		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Contractor		10b. KIND OF BUSINESS OR INDUSTRY Contractor	
11. BIRTHPLACE (City and state or country) Utley, Ark		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William I. Hyatt		13b. MOTHER'S MAIDEN NAME Narciss Roper	
14. NAME OF HUSBAND OR WIFE Vicie Hyatt		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No	
16. SOCIAL SECURITY NO. 442		17. INFORMANT Address Vicie Hyatt, Fisk, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest DUE TO (b) Acute Myocardial Infarction DUE TO (c) Arteriosclerotic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 4:35 a.m. 3 p.m. 0	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Poplar Bluff, Mo.		COUNTY Butler STATE Mo.	
21. I attended the deceased from 27 Dec. 1962 to 29 Dec. 1963 and last saw him alive on 29 Dec. 1963 Death occurred at 4:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John S. Wright, MD		22b. ADDRESS Poplar Bluff, Mo.	
22c. DATE SIGNED 30 Dec. 63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 12-31-1963		23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	
23d. LOCATION (City, town, or county) Kennett, Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR J.C. White		25. DATE REC'D. BY LOCAL REG. 1-8-1964	
26. REGISTRAR'S SIGNATURE Thelma Graham		27. ADDRESS Fisk, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Raymond L. Duffie

Licensed Embalmer No.

4798

P. O. Address

Bernie, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.